



Integrative Health Coaching: Qualitative Results Of A Randomized Controlled Trial Pilot Study

By: Karen Caldwell, Ruth Q. Wolever, Delia Vicidomini, and Reese Wells

Abstract

Background: Integrative health coaching aligns with Integrative Medicine values of care for the whole person, but few studies report on direct observation of what coaches do in practice to help patients step into an active learning role. Objective: Use verbatim transcripts of medical patients' first few integrative health coaching sessions to identify the actual processes that coaches use to help patients enter a more active learning role. Methods: 72 verbatim transcripts from the coaching sessions of 26 patients were qualitatively analyzed for themes. Patients completed 6 months of health coaching as part of the intervention arm of a randomized, controlled pilot study designed to assess feasibility of an integrative medicine intervention for those with severe dysfunction from tinnitus. Results: Four main themes: (1) Describing the Health Coaching Process – coaches initially described the coaching process to their patients; (2) Using Key Procedures for Action Planning – coaches used an optimal health future-self visualization exercise, the Wheel of Health, and an exploration of the gap between current and desired states to help patients set goals for themselves; (3) Supporting Action & Building Momentum – coaches guided the creation of action steps and then followed up on progress reinforcing self-efficacy; and (4) Active Listening & Inviting the Patient to Articulate Learning – coaches' active listening process included reflection, clarifying questions, turning patient questions back to the patients, highlighting values, identifying potential barriers and resources, and inviting patients to articulate what they were learning.

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- (1) Describing the Health Coaching Process – coaches initially described the coaching process to their patients;
- (2) Using Key Procedures for Action Planning – coaches used an optimal health future-self visualization exercise, the Wheel of Health, and an exploration of the gap between current and desired states to help patients set goals for themselves;
- (3) Supporting Action & Building Momentum – coaches guided the creation of action steps and then followed up on progress reinforcing self-efficacy; and
- (4) Active Listening & Inviting the Patient to Articulate Learning – coaches' active listening process included reflection, clarifying questions, turning patient questions back to the patients, highlighting values, identifying potential barriers and resources, and inviting patients to articulate what they were learning.

Conclusion: Processes incorporate key principles of adult learning theory that affirm that adults are goal-oriented, self-directed and intrinsically motivated to learn best when the lessons are practical, relevant, and incorporate their own life experience.

